

Body Perception among College Students and the Relation to
Personal Characteristics and Health Lifestyle Behaviors

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ABSTRACT

Purpose: The main purpose of this study was to see if the accuracy of body perception among college students related to personal characteristics and health lifestyle behaviors.

Methods: This study was a retrospective, cross-sectional design. The sample population came from the 2003-2005 American College Health Association National College Health Assessment (ACHA-NCHA). Data files were requested for use from the ACHA-NCHA data manager. The information was imported to the Statistical Package for the Social Sciences (SPSS Version 17.0) for analysis. Percentages, means, and standard deviations were used to describe the sample. Crosstabs with Chi Square analysis were used to test for differences in weight classification, race, gender, and accuracy of perceived body weight. ANOVAs were used to determine if there was a difference in physical activity and diet based upon accuracy of body perception.

Results: Results showed significant differences in the relationships between perceived body image and actual BMI based upon gender and race. There were also differences in physical activity and dietary habits based upon accuracy of body perception.

Conclusions: College students in the United States have varying perceptions of their body images. Gender differences exist between perceived body weight and actual body weight. Females are more likely to overestimate their weight, while males tend to underestimate their actual weight. Racial differences were also found in accuracy of body perception. Furthermore, differences exist in diet and exercise habits among the different categories of body perception accuracy.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The prevalence of overweight and obesity in the United States has reached epidemic proportions. According to the 2003-2004 National Health and Nutrition Examination Survey (NHANES), an estimated 66 percent of U.S. adults can be classified as either overweight or obese.¹ Obesity is caused by a complex combination of factors including genetics, behavior, and cultural influences.² Thus, it is not a condition that simply develops overnight, and there is no quick and easy cure. It is, rather, largely influenced by perpetuating unhealthy behavioral habits, many of which begin during the transitional years of college.³

In the United States, the college years serve as the gateway from adolescence into adulthood. For many students, new-found independence, coupled with stress from school and work, contributes to a change in behavioral habits, including diet and exercise.⁴ The prevalence of obesity in college students is an astounding 36 percent and is also a leading predictor of obesity in adulthood.⁵ Students are not oblivious to the idea of gaining weight in college either, with one study reporting more than 90% of first-year students having prior knowledge of the Freshman 15. However, most students still fail to recognize the negative consequences of their poor lifestyle choices.⁴ Thus, it becomes necessary to examine the self-perception of these college students. If students are expected to make dietary changes, they must first perceive some type of risk.⁶ While previous studies have examined dietary patterns among different body mass index (BMI) categories, they have failed to establish a link between the correctness of body perception and the personal characteristics and lifestyle behaviors of college students.

Review of Literature

The health of the United States is in a state of emergency. Obesity rates in the United States have been on the rise over the past 20 years.⁷ According to the Centers for Disease Control and Prevention (CDC), in 1987, no state had an obesity rate of over 15 percent of their population.⁷ Jumping forward ten years in time, the obesity rate was over 20 percent in three states.⁷ This number has continued to grow exponentially, and in 2007, 46 states showed obesity rates of at least 20 percent.⁷ Obesity contributes to at least 300,000 deaths each year.² The obesity crisis extends itself further by increasing the risk for a host of other diseases and health problems including heart disease, high blood pressure, high cholesterol, arthritis, Type 2 diabetes, stroke, sleep apnea, and even some cancers.² Obesity takes a social and psychological toll in the form of discrimination, low self-esteem, and depression. Aside from negative health outcomes, overweight and obese individuals place an economic burden on the United States health care system. Research has shown that the economic cost of obesity in the United States was about \$117 billion in 2000.² While there is no single cause of obesity, biological, behavioral, environmental, cultural, and socioeconomic factors can all lend a hand in the long-term development of this disease.²

The upward-spiraling obesity trend seems at odds with the increasing amount of readily available health information. The internet has made health recommendations and guidelines highly accessible for public use. Interactive websites such as MyPyramid.gov allow users to even track their diet and exercise. Fast-food chains and restaurants have begun supplying customers with nutritional information, as well as lighter options and smaller portions. However, in a nation built upon the values of convenience and instant gratification, the public often remains ignorant to the negative consequences of their actions until it is too late.

Because obesity is a chronic condition, it is important to look at the years preceding adulthood to understand how the adult population came to be so unhealthy. The college years have a significant influence on the formation of an individual's diet, physical activity, and other lifestyle habits.⁴ Healthy lifestyle recommendations suggest students increase consumption of fruits and vegetables while reducing consumption of dietary fat.⁸ Moderate physical activity, combined with strength and flexibility exercises, is recommended for students to develop cardio-respiratory fitness and prevent weight gain.⁸ Colleges and universities across the nation have implemented programs promoting physical fitness, proper nutrition, and weight management behaviors among students.⁸ Yet the percent of overweight and obese college students has nearly tripled in the past 25 years.⁹ One study found only 20 percent of college students participated in adequate moderate physical activities each week. Only one-fourth of students ate the recommended daily servings of fruits and vegetables.⁹

Discrepancies between health recommendations and actual health behaviors indicate students may not be aware of the risks they face when making poor health decisions. Behavioral change models note that a person's perception of risk and willingness to change is vital for an effective intervention.⁴ The transtheoretical model of change (TTM) divides a person's ability to change into 5 separate stages, based on their perceived risk and readiness to change. Studies have shown that health programs are more effective when geared toward an individual's specific stage of change.⁴ The TTM has been used in programs relating to alcohol, tobacco, diet, and exercise.⁴ This model can be used within the college population to better understand students' propensities and reasons for adopting healthy lifestyle habits.⁴

Research examining the relationship between measured body mass index and body perception is important in light of the declining health status of the nation. Body mass index

(BMI) is a measure of body fat that uses height and weight to classify adults into different weight statuses. A BMI of below 18.5 is considered underweight, a BMI of 18.5-24.9 is considered a healthy weight, a BMI of 25.0-29.9 is considered overweight, and a BMI of 30 or greater is considered obese. Individuals with inaccurate body perception are at an increased risk for negative physical and psychological outcomes.¹⁰ Body perception has been shown to be strongly influenced by cultural factors, including gender and race.¹¹ An adolescent study using the National Health and Nutrition Examination Survey III (NHANES III) discovered a poor correlation between reported weight status and actual weight status.¹² Because males did not exhibit any significant ethnic differences with their self-perceived weight status, dieting behaviors, or desire to lose weight, correlations are limited to females. African American females were less likely than Caucasian females to perceive themselves as overweight. Additionally, African American females were more likely to want to gain weight than Caucasian females.¹² Another study analyzing the relationship between weight perception and BMI among high school students found girls to be more likely than boys to report themselves as overweight. Ethnic differences occurred with African American and Hispanic students being the least likely to consider themselves overweight.¹⁰ Of all the students, Caucasian females who were of normal weight based on their BMI measurement were most likely to perceive themselves as overweight.¹⁰ Research also revealed adolescents with higher BMIs were more likely to underreport their weight than adolescents with lower BMIs.¹⁰ Studies focusing specifically on the college population have found similar ethnic differences, especially between Caucasian and African American females.¹¹

Obesity rate discrepancies exist across ethnic lines. Obesity is more common among ethnic minority groups, with African Americans having significantly higher BMIs than

Caucasians in both adolescent and college age brackets.¹¹ Cultural biases resulting in differing accuracies among sexes and races are often apparent through self-reports of body perception.¹³ Cultural differences in ideal body type translate into differences in weight status between ethnicities. Not only are African American females less concerned with losing weight than Caucasian females, they also do not perceive being overweight as unattractive.¹² Moreover, African American females tend to report a larger body figure as “ideal” when compared with Caucasian females.¹² Consistent with these findings, African American males tend to choose a higher BMI as an “ideal size for a girlfriend” when compared with Caucasian males.¹¹ Ideal body differences can be seen between males and females. Males view their ideal body type as muscular with broad shoulders, slim waist and hips, and a flat stomach. Females place emphasis on a body type with slim thighs, buttocks, waist, and stomach.¹⁴

Body satisfaction is often viewed in conjunction with body mass index. Men and women with overweight BMI levels both experience higher levels of body dissatisfaction.¹⁵ Current research among college students has found race and gender differences between body satisfaction and measured body size.¹¹ Caucasian males and females experience a greater level of body dissatisfaction than other ethnicities.¹¹ Caucasians females showed more concern about weight and weight loss than African American females. Both male and female Caucasians experienced greater levels of disordered eating.¹¹ One study on college students noted that 44 percent of Caucasian females who were underweight actually perceived themselves as having a higher BMI.¹¹ Equally scary is the 84 percent of African American females and 88 percent of Caucasian females, who were measured as overweight, that actually viewed themselves as being of normal weight.¹¹ Again, the lack of a perceived risk comes into play.

A study conducted on adolescents with differing ethnicities and gender sought to examine perceptions regarding attractive, acceptable, and typical female figures. The adolescents ranged in body weight from underweight to obese. Asian, African American, Hispanic, and Caucasian males and females comprised the sample population. The results were consistent with previous studies, indicating demographics do indeed influence a person's own body dissatisfaction and perceptions of an attractive and acceptable female size. In particular, those individuals with greater measured BMI tended to perceive larger figures as attractive and acceptable.¹⁶ *Healthy People 2010* has noted ethnic differences in overweight status, with the highest ratings among African American females and Native American and Hispanic males.¹⁷ These differences suggested other factors such as social norms regarding body shape, financial resources, support systems, dietary intake, and physical activity patterns should be given consideration.¹⁴

Studies have shown differences between calculated body mass index and dietary patterns. In particular, one study conducted by Brunt, Rhee, and Zhong, examined dietary and lifestyle practices in college students across all BMI categories.⁵ Results showed significant differences in diet variety between students in the underweight and healthy weight categories as compared to those students who were classified as overweight or obese.⁵ The study showed that a diet consisting high in fruits and vegetables and lower in meat and fat was associated with a lower BMI.⁵

Low rates of physical activity are associated with increased risk for overweight and obesity. In the adolescent population, minorities have been shown to have a higher rate of inactivity, especially in women. Females participating in high levels of physical activity are more likely to be Caucasian or Asian. African American and Hispanic females showed much

lower rates of physical activity. This is consistent with findings that minority populations tend to be more obese.¹⁸

Purpose and Objectives

The overall purpose of this study was to see if body perception among college students relates to their personal characteristics and health behaviors. The specific research questions that were answered are as follows:

In a sample of college students:

1. What is the relationship of calculated BMI to perceived body weight?
2. Is there a difference in accuracy of weight perception based upon gender or race?
3. Is there a difference in physical activity and diet based upon correct or incorrect body perception?

CHAPTER TWO

METHODOLOGY

Population and Sample

The data analysis was completed using a national database that was established for research purposes. The American College Health Association National College Health Assessment (ACHA-NCHA) surveys current college students to gather information about their health habits, behaviors, and perceptions. The ACHA-NCHA survey has been taken by over 350,000 students across the nation at over 300 different colleges and universities. The survey questions primarily concern health risk behaviors including: tobacco use, alcohol and drug use, sexual behaviors, mental health, diet and exercise, and any behaviors that increase the risk for injury or violence. Only schools that randomly selected students to take the survey are included in the national database. To test the generalizability, reliability, and validity of the ACHA-NCHA survey, the results have been compared to other surveys of the same population that have been sampled to represent all students in the United States (ACHA). Comparisons indicate no practical differences among the databases based upon demographic parameters. Because the data was analyzed from an existing national database, IRB approval was not required.

Design

This study was a retrospective, cross-sectional design. Data files were requested for use from the ACHA-NCHA data manager. The information was imported to the Statistical Package for the Social Sciences (SPSS Version 17.0) for analysis.

Data and Instrumentation

Using the 2003-2005 ACHA-NCHA data, the following questions were imported into a new database (a subset of the original):

(Q35) How do you describe your weight?

(Q38) How many servings of fruits and vegetables do you usually have per day?

(Q39) On how many of the past 7 days did you:

a. Participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?

b. Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

(Q45) How old are you?

(Q46) What is your sex?

(Q47) What is your height in feet and inches?

(Q48) What is your weight in pounds?

(Q51) How do you usually describe yourself?

Recoding:

-Weight classifications of actual BMI (calculated from Q47 and Q48): underweight, normal weight, overweight, obese

-Weight perception (Q35): underweight, normal weight, overweight, obese

To calculate accuracy of weight perception, a comparison was made between actual BMI and weight perception (Q35):

- Actual BMI greater than perceived weight: underestimation
- Actual BMI equal to perceived weight: correct
- Actual BMI less than perceived weight: overestimation

Percentages, means, and standard deviations were used to describe the sample. Weight classification, race, gender, and accuracy are all nominal levels of measurement. Therefore, the Chi Square analysis was appropriate for testing for differences in these variables. ANOVAs were used to answer research question 3.

CHAPTER 3

RESULTS

Results

After eliminating respondents who did not attend four-year institutions or were international students, the resulting sample size was 36,807. The sample was composed of male and female adults, ranging in age from 18 to 25 years old. Of those subjects who reported their gender (33,738), 66% were female and 34% were male. The majority of the sample was comprised from 81% Caucasians, 7% Asians, 6% Hispanics, and 5% African Americans. The sample demographics are further described in Table 1.

TABLE 1: SAMPLE DEMOGRAPHICS

		n	%
Gender	Male	11,484	34.0
	Female	22,254	66.0
Age	18	5,277	15.0
	19	8,971	25.4
	20	7,695	21.8
	21	6,674	18.9
	22	3,969	11.2
	23	1,541	4.4
	24	699	2.0
	25	463	1.3
Race/Ethnicity	White	28,551	80.9
	Black	1,763	5.0
	Hispanic	2,100	6.0
	Asian	2,406	6.8
	Indian	335	0.9
	Other	1,084	3.1

QUESTION 1 - What is the relationship of the calculated BMI to the perceived body weight?

The relationship between calculated BMI and perceived body weight was measured by recoding the perceived weights into four groups: underweight, appropriate weight, overweight, and obese. These were crosstabulated by the accuracy of BMI percentiles, according to CDC classifications, and placed into three categories: underestimation, accurate, or overestimation of weight perception. Pearson's Chi Square Analysis showed a significant difference ($P < .001$) between actual BMI and perceived BMI. Of all respondents, only 33,703 answered the questions on height, weight, and perceived body image. Approximately two-thirds (65%) of respondents had accurate body perceptions (perceived weight was equal to actual BMI). Of the 35% of the sample that had incorrect body perception, 20% underestimated their weight, and the remaining 15% overestimated their weight.

For underweight individuals, almost 45% had overestimated their weight, which was higher than those individuals of normal weight (18% overestimated). Results from the overweight and obese respondents differed; these individuals were more likely to underestimate their weight. Thirty-one percent of overweight subjects underestimated their weight, and nearly 74% of obese individuals underestimated their weight. Results are shown in Figure 1.

An examination of the subjects who believed they were underweight revealed only 29% actually were. The subjects who felt they were just about the right weight showed 68% actually having a normal BMI. Of the subjects who perceived themselves to be overweight, only 45% were, with almost 16% actually being obese, and almost 40% not even being overweight at all. Those individuals who felt they were obese were the most correct of all the groups – 80% of them were correct in their perception.

In general, underweight and normal weight individuals tended to overestimate their body weight by only one category. The reverse was true for overweight and obese individuals – the majority underestimated their weight by one category. The results for the relationship between calculated BMI and perceived body weight are shown in Figure 2.

FIGURE 1: ACCURACY OF BODY PERCEPTION AMONG BMI WEIGHT CLASSIFICATIONS

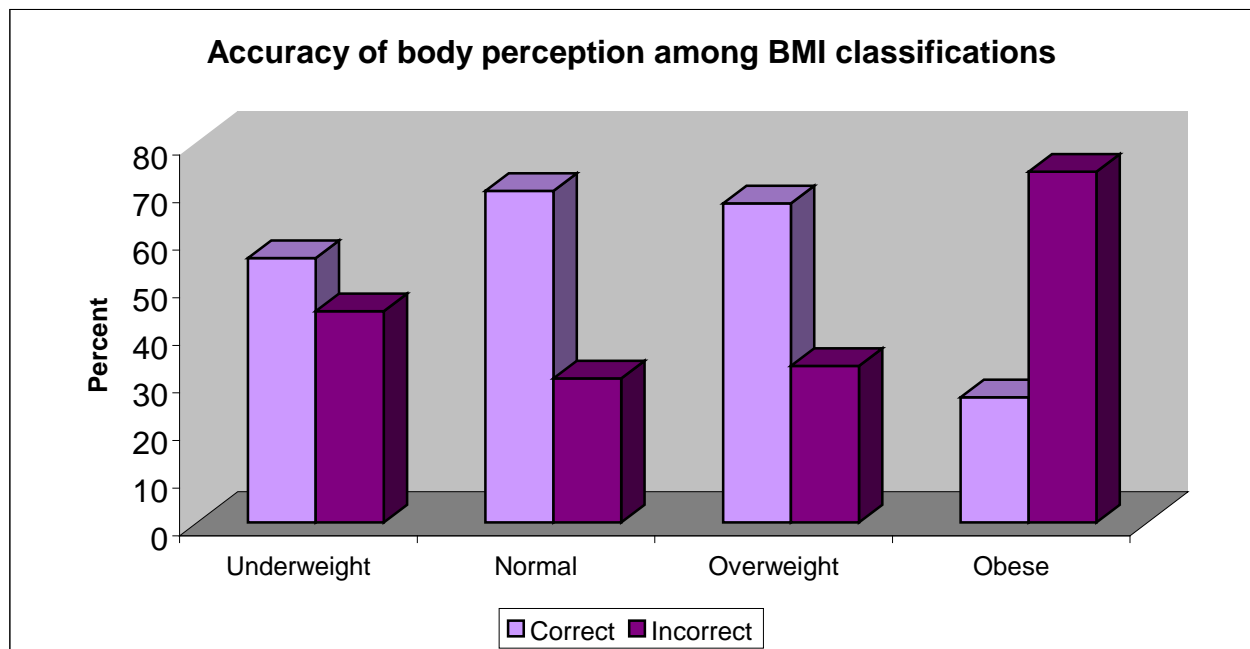
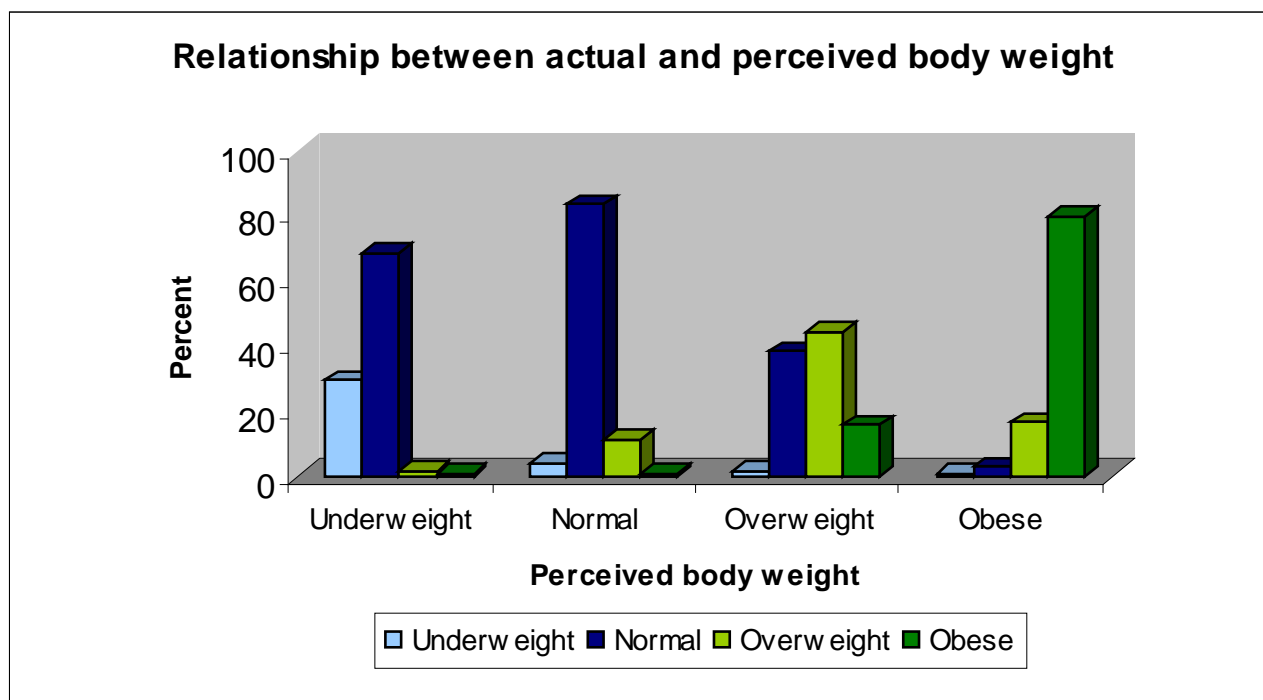


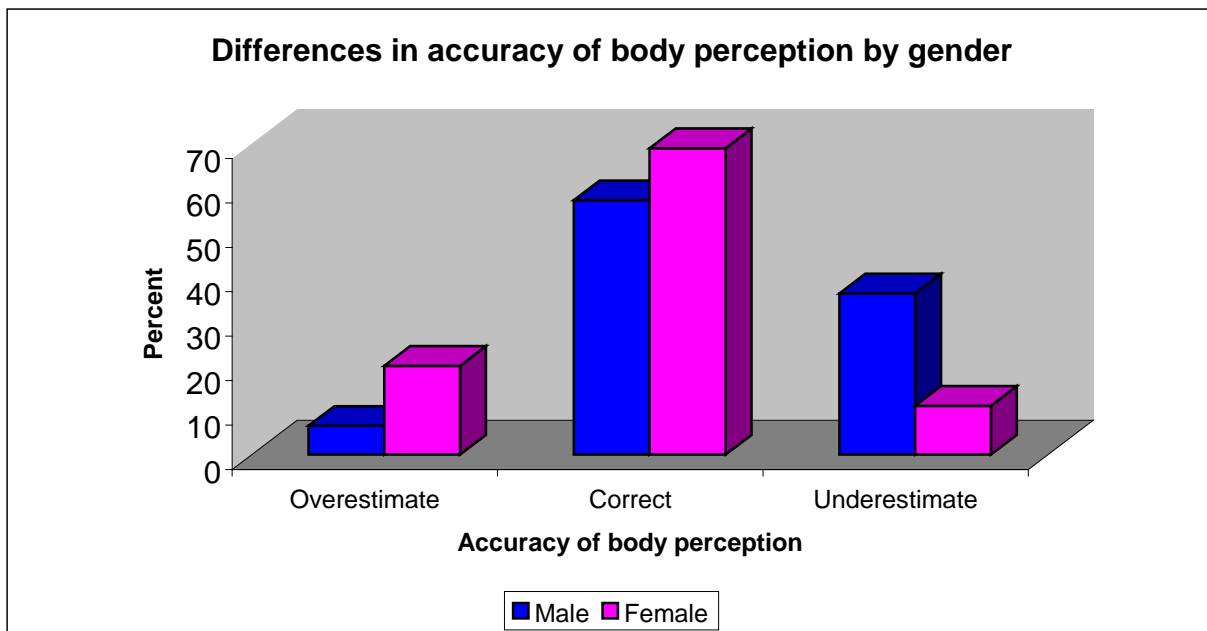
FIGURE 2: PERCEIVED BODY WEIGHT STRATIFIED BY ACTUAL WEIGHT



QUESTION 2 – Is there a difference in accuracy of weight perception based upon gender or race?

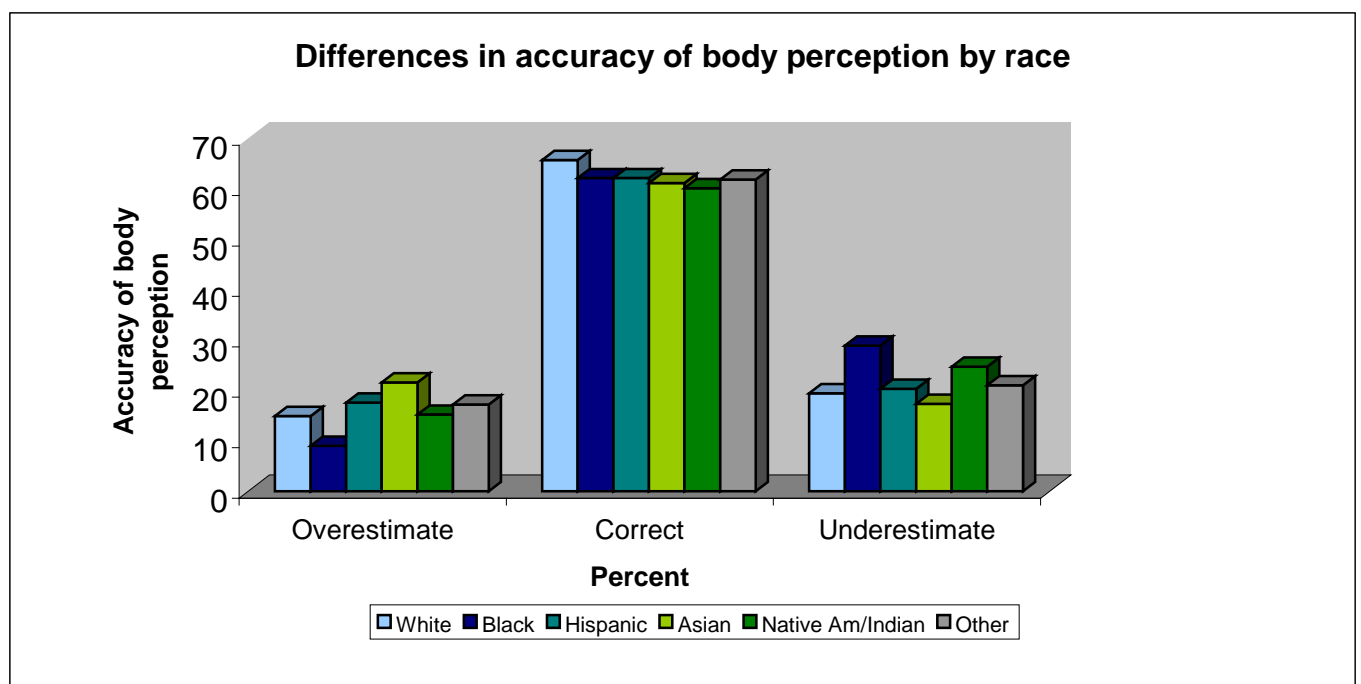
GENDER: Crosstabs was used to test for statistical significance between male and female accuracy of body perception. Results of the Chi Square Analysis yielded a significant difference ($P < .001$). After removing subjects who did not fully report their gender, height, weight, or weight perception, a total of 33,523 respondents were included in the analysis of this question. Approximately 57% of males and 69% of females had accurate body perceptions. Of those who had inaccurate perceptions, females were more likely to overestimate their weight (20%) than males (only 6.5%). Males, on the other hand, tended to underestimate their weight (36.3%) when compared with females (11%). Results are shown in Figure 3.

FIGURE 3: ACCURACY OF BODY PERCEPTION BY GENDER



RACE: Results of the Chi Square Analysis indicated a significant difference ($P < .001$) for the accuracy of body perception among different races. After removing individuals who did not report their race, a total of 28,059 subjects were used for analysis. Whites were the most likely to have correct body perception (65.7%), followed by African Americans and Hispanics (both 62.1%). Complete results can be seen in Figure 4. Asians were the most likely to overestimate their body weight (21.6%), followed by Hispanics (17.6%) and Native American/Indian (15.2%). African Americans had the highest percent of individuals underestimating their body weight (28.9%), followed by Native American/Indians (24.7%) and Hispanics (20.3%).

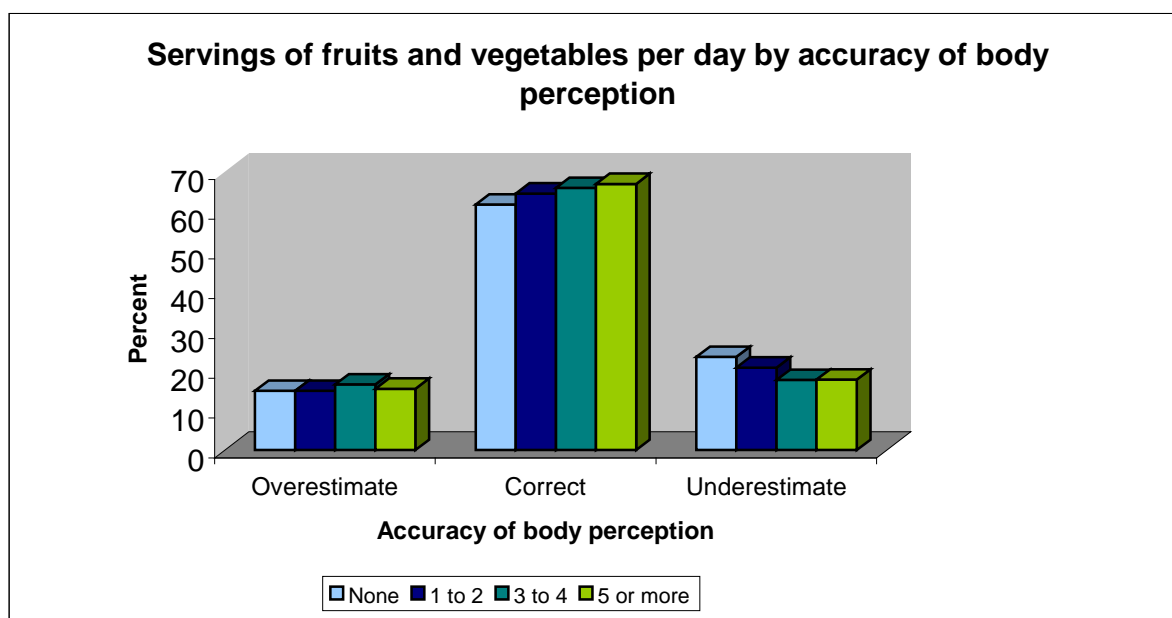
FIGURE 4: ACCURACY OF BODY PERCEPTION BY RACE



QUESTION 3 – Is there a difference in physical activity and diet based upon correct or incorrect body perception?

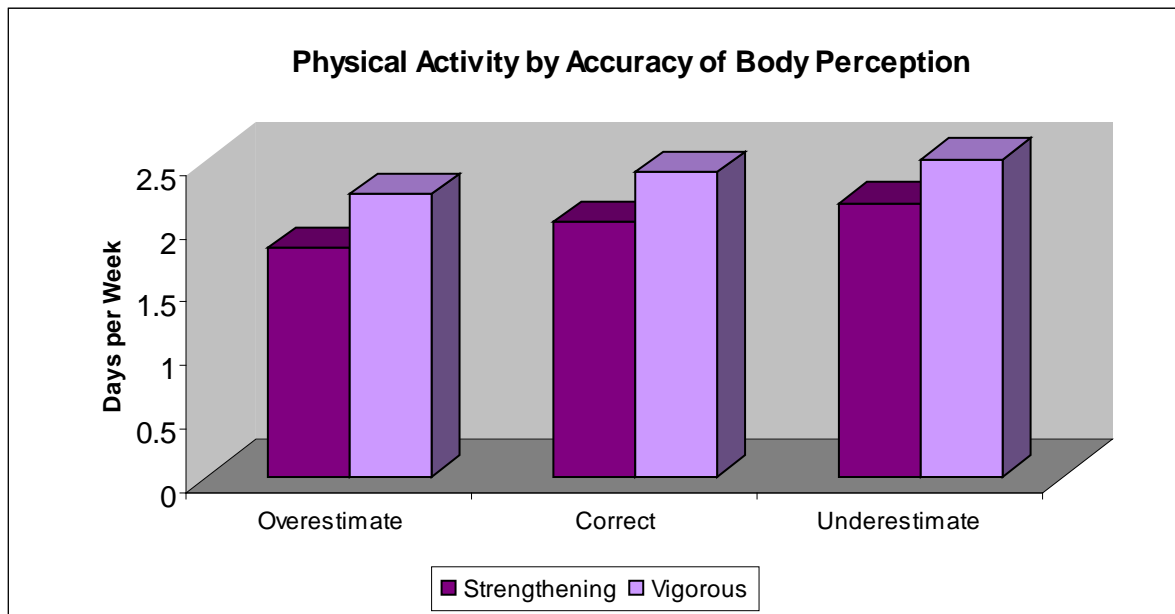
DIETARY HABITS: Respondents were asked “How many servings of fruits and vegetables do you usually have per day.” Possible choices included: I don’t eat fruits and vegetables (none), 1-2, 3-4, or 5 or more. Results were crosstabulated with accuracy of weight perception. Statistical analysis yielded significant differences ($P < .001$) for the Chi Square Analysis between average number of servings of fruits and vegetables per day and accuracy of body perception. Those subjects who overestimated their weight (perceived themselves to be larger than actual), were most likely to only have 1 to 2 servings per day – 4% had no fruits or vegetables per day, 60% had 1-2, 30% had 3-4, and only 6% received the recommended 5 or more servings per day. Similar results were seen for individuals who underestimated their weight – 5% had no fruits or vegetables, 65% had 1-2 servings, 25% had 3-4, and about 5% had 5 or more servings per day. Of those individuals with correct body perception, 4% received no fruits or vegetables, 62% received 1-2 servings, 28% received 3-4, and 6% received 5 or more servings per day. Results are shown in Figure 5.

FIGURE 5: FRUIT/VEGETABLE INTAKE BY ACCURACY OF BODY PERCEPTION



PHYSICAL ACTIVITY: Respondents were asked a two-part question related to exercise: On how many of the past 7 days did you participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes and do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting? Possible choices ranged from zero days per week to seven days per week. ANOVAs were used for one way analysis. For individuals with correct body perception, the mean number of days of vigorous physical and strengthening exercises per week was 2.4 and 3.0, respectively. Subjects with an overestimation of body weight did vigorous activity on average 2.2 days per week, and strengthening exercises 1.8 days per week. Results for the underestimation group showed an average of 2.5 days for vigorous activity, and 2.2 days for strengthening. In general, respondents who underestimated their body weight were more likely to participate in physical activity. Results are shown in Figure 6.

FIGURE 6: PHYSICAL ACTIVITY BY ACCURACY OF BODY PERCEPTION



Discussion

From the previous data, patterns emerged in the relationship between BMI percentiles and perceived body weight. While two-thirds of the entire sample population had correct body perceptions, there was still a large group of college students who viewed their body as something other than what it really is. When examining the individuals who were classified as underweight (BMI<18.5), only 55.6% recognized themselves as such. While the majority of this category that overestimated their weight did so by only one category (normal weight), there was still a significant percentage who viewed themselves as overweight or obese (7.5%) This is cause for concern because being underweight can lead to negative health outcomes, especially when the individuals do not even see themselves as being underweight. Those subjects who were classified as normal weight had the highest percentage of accurate body perception (69.7%) and only had misperceptions of one category (i.e. either thought they were underweight or overweight). The overweight group displayed some troublesome results- while 67% had accurate perceptions, 31% underestimated their weight. Similar results were found in the obese group- 73.8% of this group underestimated their weight. These two categories are already at risk for many negative health outcomes because of their weight, and the lack of accurate body perception will only serve to perpetuate many unhealthy lifestyle behaviors.

Significant differences existed in the relationship between BMI percentiles and perceived body weight based upon gender. Of the entire sample, it was surprising to find females were more likely to have a correct body perception than males. Females were also more likely to overestimate their weight, which is consistent with previous studies done on high school and college students.^{10,11} Males were found to underestimate their weight more often than females. However, this is not especially surprising based on the body assessment tool used- the body mass

index. Body mass index does not account for muscle mass in individuals. Because males typically have more muscle mass than females, the body mass index results can put them in slightly higher categories than what their physical appearance may indicate.¹⁰

Significant racial differences also existed in the accuracy of body perception. Of all racial groups, Whites were most likely to have correct body perception (65.7%). African Americans, Native Americans, and Hispanics had the highest percentages of underestimated body weights (28.9%, 24.7%, and 20.3% respectively). This is not surprising considering these three groups have higher rates of obesity than any other racial group.¹¹ Additionally, Asians had the highest prevalence of overestimation of body weight (21.6%), which could be contributed to their lower rates of obesity. Further studies could examine the gender component in these racial differences, as well as body type preferences of different racial groups.

The final research question was used to determine the relationship between accuracy of body perception and health lifestyle behaviors. The first part examined the average number of servings-per-day of fruits and vegetables. For respondents receiving the recommended 5 or more servings-per-day, the majority was individuals with correct body perception. It was concerning to note that almost 95% of individuals who underestimated their weight were not getting adequate fruits and vegetables. These individuals are not following simple steps to a healthier lifestyle, which may be contributed to the fact they believe they are smaller than they actually are. Equally scary is the fact that about 94% of people who overestimated their body weight did not receive enough fruits and vegetables. These respondents view themselves as larger than they actually are, and could be at risk for malnutrition if they are not consuming enough fruits and vegetables. Of the entire sample population, only about 6% received the recommended 5 or

more servings-per-day of fruits and vegetables, which is well below the 25% found in previous studies.⁹ The majority of the population fell in the 1-2 servings-per-day category.

Another key component of a healthy lifestyle is a combination of vigorous physical activity and strengthening exercises. The average number of days-per-week of vigorous and strengthening exercise for the overestimation category was 2.2 and 1.8, respectively. The correct perception category had slightly higher averages- 2.4 for vigorous activity and 2.0 for strengthening exercises. The underestimation category exhibited the highest numbers of all three groups- 2.4 and 2.0 for vigorous physical activity and strengthening exercises. It was surprising to note that with respect to exercise, the correct perception category did not display the highest results. However, individuals who believe they are smaller than they actually are may have the confidence needed to participate or initiate an exercise program. Further research could explore this particular result.

Implications

The practical implications of this research study are infinite. With such varying perceptions of body weight among college students, the next step is to determine why these inaccuracies exist. A detailed examination into the most extreme body perception groups- underweight individuals who think they are obese and obese individuals who think they are underweight- is needed. Factors such as family composition, socioeconomic status, racial and ethnic preferences, alcohol and tobacco use, television and video game use, and even sports and extra-curricular activities could impact body perception. By examining more in-depth the backgrounds and lifestyles of these outliers, appropriate measures can be taken to help combat these incorrect perceptions. This research has indicated significant differences in accuracy of

body perception by gender and race, as well as differences in basic health behaviors. Programs need to be implemented into colleges and universities across the nation to help combat these incorrect perceptions and promote positive lifestyle changes. Additionally, this research revealed that as a population, college students are not receiving the appropriate amounts of fruits, vegetables, and physical activity. Again, future research could examine the cause of these negative health behaviors and determine the best method for addressing and promoting a healthier way of life.

Limitations

This study was a retrospective design that used an existing national database, so while the sample was representative, some limitations still exist. The ACHA-NCHA survey is a voluntary, self-report survey, so self-report bias exists. This translates into possible errors into BMI calculation because height and weight were not actually measured for every subject. In particular, it is likely that subjects may have underreported their weight, which could lead to even higher percentages of body perception inaccuracies. Additionally, BMI is not the most accurate measure of body composition because it does not account for lean body mass, such as bones and muscles. Thus, an individual with a high, lean mass composition and BMI classification of overweight may perceive themselves to be of a lower weight category. Utilizing the waist-hip ratio as another form of body assessment could lead to improved results, especially with males. While serving equivalents were given in the fruit and vegetable consumption question, many students may not be completely familiar with what constitutes a serving. Thus, their self-reported fruit and vegetable intake may be incorrect.

Conclusion

After exploring the relationships among body perceptions in college students and their personal characteristics and health behaviors, it can be concluded that US college students present with varied perceptions of body weight. Gender differences exist in the accuracy of weight perception, with females overestimating their weight and males underestimating their body weight. Racial differences exist in perceived weight status, with Whites having more correct perceptions than any other race. In addition, African American respondents were the most likely to perceive themselves to be smaller than they actually are, while Asians were the most likely to perceive themselves to be larger than they actually are. Individuals with correct body perception were more likely to receive the recommended 5 or more servings-per-day of fruits and vegetables. Respondents who underestimated their body weight participated in more physical activity. Accuracy of weight perception has a major influence on an individual's desire and motivation to change their health lifestyle behaviors. College students with incorrect body perceptions are at risk for perpetuating unhealthy lifestyle behaviors, which can lead to a host of negative health outcomes in adulthood. By combating incorrect body perceptions during the college years, these individuals can take appropriate steps to maintain a healthy weight and lifestyle for the rest of their lives.

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